


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

04-11-2005 90154 026 ***150.00

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| DOCUMENT # P02000100000 1. Entity Name FRIENDS LIKE ME, INC. |  |
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|---|---|
| Principal Place of Business 358 SUDDUTH CR. N.E. FORT WALTON BEACH, FL 32548-5125 | Mailing Address 358 SUDDUTH CR. N.E. FORT WALTON BEACH, FL 32548-5125 |
|---|---|

66014324



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03142005 No Chg-P CR2E034 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-0799184 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETERSON, MARY D
C/O NICHOLSON REEDER & DEMSKI CPA
~~PO BOX 1179~~ *24 Walter Martin Road*
FORT WALTON BEACH, FL ~~32549~~ *32548*
Suite #1

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mary D Peterson* DATE *4/25/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D PETERSON, MARY D 358 SUDDUTH CR. N.E. FORT WALTON BEACH, FL 325485125 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HANDEL, THOMAS P II 21 PORT OF CALL DESTIN, FL 32550 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D LYMPEROPOULOS, SUSAN 151 HUGUENOT AVE. STATEN ISLAND, NY 10312 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary D Peterson, Treas.* DATE *4/10/05* 850.243.1733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY D. PETERSON